

033104

16179 U.S. PTO

PTO/SB/05 (08-03)

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	57296
First Inventor	Ronna STOCKARD
Title	INFANT-SUPPORTING PRIVACY NURSING APRON
Express Mail Label No.	ER 195420649 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 7]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Sheets 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check No. 5180, \$385.00; Cert of Express Mail

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner

Art Unit:

For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number: OR ☒ Correspondence address below

Name	Dennis H. Lambert & Associates		
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Name (Print/Type)	Dennis H. Lambert	Registration No. (Attorney/Agent)	25,017
Signature	<i>Dennis H. Lambert</i>	Date	March 31, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

22387 U.S. PTO
10/814379

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FEE TRANSMITTAL**S I R:**

Transmitted herewith for filing under 35 USC 111 and 37 CFR 1.53 is the ☐ Design ☒ Utility patent application of:

INVENTOR: Ronna STOCKARD**ENTITLED: INFANT-SUPPORTING PRIVACY NURSING APRON**

Enclosed are:

- ☒ 7 pages of written description, claims (10) and abstract.
☒ 3 sheets of drawings (Figs. 1-5).
☐ An assignment of the invention to:
☒ Executed declaration of the inventor, Ronna Stockard.
☐ A certified copy of a _____ application. Priority is claimed if not already of record.
☒ Applicant claims small entity status under 37 CFR 1.9 and 37 CFR 1.27.
☒ Information Disclosure Statement, Form PTO/SB/08A and copies of cited references (5).
☒ Certificate of Express Mailing and Return Receipt Postcard.
☒ Other: Utility Patent Application Transmittal (PTO/SB/05)

The filing fee has been calculated as shown below:

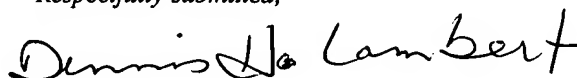
ITEM AS FILED		# EXTRA	SMALL ENTITY	FULL FEE
Basic Fee			<input checked="" type="checkbox"/> Utility \$385. <input type="checkbox"/> Design \$170.	<input type="checkbox"/> Utility \$770. <input type="checkbox"/> Design \$340.
Total Claims	10 - 20 =	0 ¹	× \$ 9 = \$0	× \$ 18 = \$0
Independent Claims	2 - 3 =	0 ²	× \$ 43 = \$0	× \$ 86 = \$0
<input type="checkbox"/> Multiple Dependent Claims in Proper Form Presented			+ \$145 =	+ \$290 =
TOTAL			\$385.00	\$

¹ If less than 20 filed, enter 0. ² If less than 3 filed, enter 0.

- ☐ Please charge my **Deposit Account Number** _____ in the amount of \$ _____ to cover the filing fee (and assignment recording fee, if any). A duplicate copy of this paper is enclosed.
- ☒ A check, No. 5180, in the amount of \$385.00, to cover the filing fee, is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number** _____. A duplicate copy of this paper is enclosed.

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 DATE: MARCH 31, 2004

Respectfully submitted,



Dennis H. Lambert, Reg. No. 25,017
 Attorney for Applicant

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : Newly Filed Patent Application
Applicant : Ronna STOCKARD
Filed : Concurrently Herewith
Title : INFANT-SUPPORTING PRIVACY NURSING APRON

Docket No. : 57296

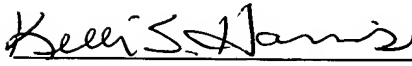
CERTIFICATE OF EXPRESS MAILING

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Alexandria, Virginia 22313-1450

S I R:

I, Kelli S. Harris, hereby certify that the documents attached hereto: **Check No. 5180, \$385.00; Utility Patent Application Transmittal (PTO/SB/05); Fee Transmittal; Specification (7 pp., 10 claims); Drawings (3 Sheets, Figs. 1-5); Declaration, Power of Attorney (2 pp., executed); Information Disclosure Statement; Form PTO/SB/08A; Cited References (5)**, along with a first-class postage prepaid return receipt card, are being deposited today, **March 31, 2004**, with the United States Postal Service with sufficient postage as Express Mail with mailing label **ER 195420649 US** in a flat rate Express Mail envelope addressed to:

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Alexandria, Virginia 22313-1450


Kelli S. Harris

March 31, 2004
Date

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